



Postanesthesia Care Standards for the Certified Registered Nurse Anesthetist

Standard VII of AANA Scope and Standards for Nurse Anesthesia Practice: Evaluate the patient's status and determine when it is safe to transfer the responsibility of care. Accurately report the patient's condition, including all essential information, and transfer the responsibility of care to another qualified healthcare provider in a manner that assures continuity of care and patient safety.

Standard VII is not specific to postanesthesia care, but includes all transfers of the responsibility of care for the patient from the CRNA to another qualified healthcare provider. For example, transfers of the responsibility of care may occur when the CRNA transfers care to another anesthesia professional during the provision of anesthesia care or when the CRNA transfers care to another qualified healthcare provider for postanesthesia recovery. During all transfers of care, the CRNA is responsible for first determining that it is safe to transfer the responsibility of care of the patient to another qualified healthcare provider and to accurately report all essential information to the qualified healthcare provider who accepts responsibility for the patient's care.

That said, the AANA believes that the postanesthesia period is an extension of the anesthesia process and warrants additional consideration. The anesthesia professional's responsibility to the patient extends through this period. Regardless of the practice setting, this responsibility includes a thorough knowledge of the patient's needs, the communication of those needs to qualified providers, and the assurance that the postanesthesia care will be consistent with the patient's needs.

Anesthesia services are being performed in increasingly diverse settings as medical care services expand and change. These standards shall apply to all settings where postanesthesia care is rendered.

The anesthesia professional, with specialized knowledge and skills, has a primary role in overseeing postanesthesia care and should collaborate with the qualified providers who will be rendering that care. The anesthesia professional is also responsible for assuring that the patient is not released into a setting that is unable to safely provide for that patient's postanesthesia care needs.

The introduction of newer anesthetic agents and improved monitoring devices, as well as the development of practice standards and guidelines, have benefited the patient by providing an increased level of safety during the anesthesia process. These standards were developed to assist in providing for the continuity of patient care and safety in the postanesthesia period.

The AANA recognizes that each facility must meet the standards and requirements of the licensing and accrediting bodies that govern its operations. The purpose of this document is to delineate the standards of practice for the CRNA in assuring quality postanesthesia care. Staffing requirements and the role of the registered nurse in providing direct patient care in the postanesthesia care area are set forth in the standards and guidelines promulgated by the American Society of PeriAnesthesia Nurses (ASPAN) and the American Academy of Pediatrics Guidelines for the Pediatric Perioperative Anesthesia Environment.

Standard I

There is a mechanism designed to assure that patients who have had general anesthesia, regional anesthesia, or IV sedation will receive appropriate postanesthesia care by qualified providers.

Interpretation

An area designated as the postanesthesia care unit (PACU) shall be available to recover patients who have received anesthesia care. A comparable level of care is provided when the patient is recovered in a designated area other than the PACU, such as the patient treatment area, nursing unit, or ambulatory care area. An institutional policy shall be established to assure the availability of a healthcare professional qualified to provide postanesthesia care and to manage complications, including cardiopulmonary resuscitation.

Standard II

The safe transport of the patient to the postanesthesia care area is the responsibility of the provider of that patient's anesthesia care.

Interpretation

Prior to transport, the anesthesia professional shall assess the needs of the patient and when deemed necessary, notify the postanesthesia staff and confirm its readiness and ability to accept the patient. Appropriate monitoring and supportive measures are utilized during transport as deemed necessary by assessment of the patient's condition.

Standard III

The anesthesia care professional is responsible for the transfer of the patient's care to another qualified healthcare provider.

Interpretation

The patient's status shall be assessed to determine when it is safe to transfer responsibility for care to other qualified personnel. A report shall be provided concerning the procedure performed and the patient's preoperative status, anesthetic course, complications, and treatments. The patient's condition on arrival in the postanesthesia care area shall be documented in the record. The anesthesia professional shall remain with the patient until another qualified healthcare provider accepts responsibility for the patient's care.

Standard IV

Monitoring and evaluation in the postanesthesia care area shall be by continuous clinical observation and modalities appropriate to the patient's condition.

Interpretation

Appropriate methods shall be utilized to monitor and document the patient's ventilation, oxygenation, and circulation. Monitoring modalities for blood pressure/pulse and oxygen saturation, such as pulse oximetry, shall be utilized for each patient. The ability to monitor continuous electrocardiogram and temperature shall be available for each patient. When minimal or no sedation is used for surgical or diagnostic procedures or when conduction analgesia is used for labor and vaginal delivery, the appropriate monitoring modalities utilized in the postanesthesia period shall be determined by the patient's condition.

Standard V

A mechanism is developed by the anesthesia department and approved by the medical staff to provide for discharge of a patient from the postanesthesia care area.

Interpretation

A healthcare provider, who is authorized to discharge a patient under institutional guidelines, is responsible for the decision to discharge the patient. When the responsible healthcare provider is not personally present to make the decision to discharge or does not sign the discharge order, the name of the

authorized practitioner responsible for discharge is recorded on the patient's record and the discharge criteria approved by the medical staff are adhered to in determining the readiness of the patient for discharge and documented on the patient's medical record.

Standard VI

Quality assessment and improvement of postanesthesia care is an integral part of the anesthesia process.

Interpretation

The anesthesia department maintains an active role in defining important aspects of postanesthesia care. The aspects of care are monitored, documented, and reviewed through an ongoing quality assessment process. When areas for improvement in patient care are identified, the anesthesia department assists in developing the methods to improve that care.